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September 27, 2001

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PTO/SB/21 (08-00) Approved for use through 10/31/2002. OMB 0651-0031 Please type a plus sign (+) inside this box -> [+] U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/724,953 TRANSMITTAL June 1, 2000 Filing Date OCT 1 2 2001 FORM **First Named Inventor** Schenk, Dale B. TECH CENTER 600/2900 be used for all correspondence after initial filing) **Group Art Unit** 1646 **Examiner Name** Unassigned Total Number of Pages in This Submission <u>6</u> Attorney Docket Number 15270J-005910US ENCLOSURES (check all that apply) After Allowance Communication to Assignment Papers Fee Transmittal Form (for an Application) Group Appeal Communication to Board of Fee Attached ☐ Drawing(s) Appeals and Interferences Appeal Communication to Group Amendment / Response Licensing-related Papers (Appeal Notice, Brief, Reply Brief) Petition Routing Slip (PTO/SB/69) Proprietary Information After Final and Accompanying Petition Petition to Convert to a Affidavits/declaration(s) Status Letter Provisional Application Power of Attorney, Revocation Other Enclosure(s) Extension of Time Request Change of Correspondence Address (please identify below): Terminal Disclaimer Return Postcard Express Abandonment Request Request for Refund Supplemental IDS Under 37 CFR §1.97 and §1.98 (2 pp.) w/ the following attachments: (a) PTO/SB/08A & PTO/SB/08B CD, Number of CD(s) (2 pp.); (b) Volume 1 of 1 Containing 19 References. The Commissioner is authorized to charge any additional fees to Certified Copy of Priority Remarks Deposit Account 20-1430. Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Townsend and Townsend and Crew LLP Firm and Rosemarie L. Celli Reg No. 42,397 Individual name Signature September 27, 2001 Date **CERTIFICATE OF MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: September 27, 2001 Typed or printed name Wanda Alleje

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Attorney Docket No.: 15270J-005910US Client Reference No.: 209-US-NEW6

Assistant Commissioner for Patents Washington, D.C. 20231

September 27, 2001

OWNSEND and TOWNSEND and CREW LLP

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Dale B. Schenk

Application No.: 09/724,953

Filed: June 1, 2000

For: PHARMACEUTICAL

COMPOSITIONS AND METHODS

FOR TREATMENT OF

AMYLOIDOGENIC DISEASE

Examiner:

Turner, Sharon

Art Unit:

1646

SUPPLEMENTAL INFORMATION **DISCLOSURE STATEMENT UNDER 37** 

CFR §1.97 and §1.98

**Assistant Commissioner for Patents** Washington, D.C. 20231

Sir:

The references cited on attached PTO/SB/08A and PTO/SB/08B forms are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR §1.97(g) and (h), no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant

Dale B. Schenk

Application No.: 09/585,817

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information, and no inference should be made that the information and references cited are, or are considered to be material to patentability because they are in this statement. No inference should be made that the information and references cited are prior art merely because they are in this statement.

Applicant believes that <u>no fee is required</u> for submission of this statement, since it is being submitted prior to the first Office Action. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

Possuranie L. all)

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**RLC** 

PA 3172864 v1